

**OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION**

ORIGINAL

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No.

07-05560
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

Optic Internet Protocol, Inc.

Application for a certificate of
interexchange authority
to operate as a reseller
of telecommunications
services in the entire
State of Illinois.

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

ILLINOIS
COMMERCE COMMISSION
2007 NOV 15 A 10:24
CHIEF CLERK'S OFFICE

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 26-0419196

Optic Internet Protocol, Inc.

Address: Street 900 Arnold Mill Road

City Roswell

State/Zip Georgia, 30075

2. Authority Requested: (Mark all that apply)

☐ 13-403 Facilities Based Interexchange

☒ 13-404 Resale of Local and/or Interexchange

☐ 13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

☒ Part 710 Uniform System of Accounts for Telecommunications Carriers

Applicant requests waiver of Part 710 Uniform System of Accounts for Telecommunications Carriers requirements since it is a competitive carrier and Part 710 requirements would be overly burdensome to Applicant.

X Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois.

Applicant requests waiver of Part 735 requirements since they do not apply to interexchange services, and Applicant is only seeking authority to provide interexchange services.

 X Section 735.180 Directories

Applicant requests waiver of Part 735.180 requirements since they do not apply to interexchange services, and Applicant is only seeking authority to provide interexchange services.

 Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:

- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document

4(a) is not applicable to Applicant, since Applicant is a reseller of interexchange services only.

- (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;

4(b) is not applicable to Applicant, since Applicant is a reseller of interexchange services only.

- (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and

4(c) is not applicable to Applicant, since Applicant is a reseller of interexchange services only.

- (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

4(d) is not applicable to Applicant, since Applicant is a reseller of interexchange services only.

5. In what area of the state does the Applicant propose to provide service?

Statewide in Illinois.

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.

Attached hereto as Exhibit A

7. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed May 23, 2007
In what state? Delaware
☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Attached hereto as Exhibit B.

9. List jurisdictions in which Applicant is offering service(s).

Applicant not yet offering service in any state. Applicant intends to obtain authority to offer interexchange services in other states also.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

☐ YES ☒ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? _____ YES X NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Pursuant to 83 Ill. Adm. Code Part 250, Section 250.20, Applicant requests permission to keep its books for Illinois in its business office located at 900 Arnold Mill Road, Roswell, Georgia 30075. Applicant makes this request since it will not have offices in Illinois, and keeping its books in Illinois would be overly burdensome to Applicant, since it would have to maintain an office in Illinois to do so.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

Attached hereto as Exhibit C.

15. List officers of Applicant.

Gregory Allpow, President

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES X NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Description attached hereto as Exhibit D.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Description attached hereto as Exhibit E.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES _____ NO

20. What telephone number(s) would a customer use to contact your company?

1-866-513-6516

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

X YES _____ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

Attached hereto as Exhibit F.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?

_____ YES _____ NO (If no, please provide an explanation.)

N/A. Applicant is reseller of interexchange services only.

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

X YES _____ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Attached hereto as Exhibit G.

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? _____ YES X NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

If NO, which facility provider(s)'s services does the Applicant intend to use?

Applicant intends to use AT&T as an underlying carrier, among others.

27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

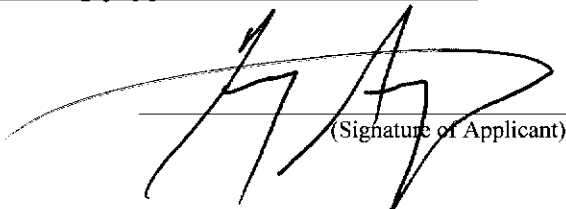
Applicant will be a reseller of "1+" long distance toll services on a post-paid basis.
Applicant intends to have residential and business customers.

28. Will technical personnel be available at all times to assist customers with service problems?

 X YES NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? YES NO

N/A. Applicant will not be providing payphone services in Illinois.


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

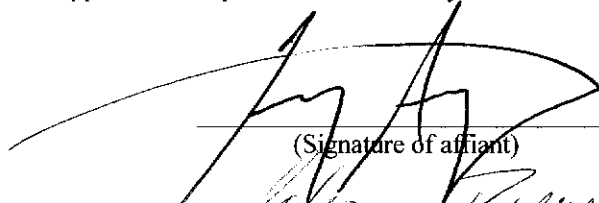
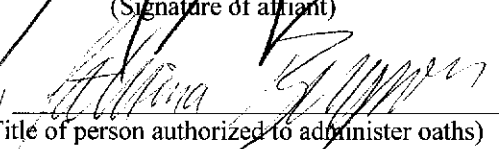
OATH

State of Georgia)
County of Fulton)ss

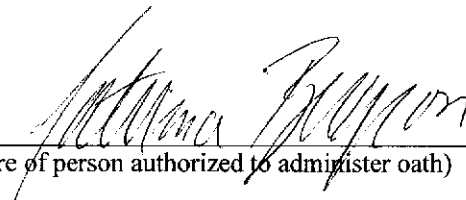
Gregory Allpow makes oath and says that he is President
(Insert here the name of affiant) (Insert the official title of the affiant)

of Optic Internet Protocol, Inc.
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

(Title of person authorized to administer oaths)

Subscribed and sworn to before me, a Notary Public,
in the State and County above named, this 9 day of November, 2007.


(Signature of person authorized to administer oath)

